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Bib Data Sheet

CONFIRMATION NO. 1487

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/500,938   | <b>FILING OR 371(c) DATE</b><br>07/08/2004<br><b>RULE</b>   | <b>CLASS</b><br>381           | <b>GROUP ART UNIT</b><br>2614   | <b>ATTORNEY DOCKET NO.</b><br>1053.001B |                                |
| <b>APPLICANTS</b><br>Gary W. Elko, Summit, NJ;<br>Robert A. Kubli, Scotch Plains, NJ;<br>Jens M. Meyer, New York, NY;<br><br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/00741 01/10/2003<br>which claims benefit of 60/347,656 01/11/2002<br><br><b>** FOREIGN APPLICATIONS *****</b><br><br><b>** SMALL ENTITY **</b> |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |   | <b>STATE OR COUNTRY</b><br>NJ | <b>SHEETS DRAWING</b><br>28   | <b>TOTAL CLAIMS</b><br>75               | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>22186  |   |                               |   |   |                                |
| <b>TITLE</b><br>AUDIO SYSTEM BASED ON AT LEAST SECOND-ORDER EIGENBEAMS   |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>2766   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |

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6-24-09